UNITED
NATIONS

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Economic and Social Council

Distr.
LIMITED

E/ICEF/1995/P/L.26
26 January 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1995
20-23 March 1995

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATIONS*

Central and Eastern Europe region

SUMMARY

The present document contains recommendations for funding programmes in the Central and Eastern Europe region with annual planning levels not exceeding $1,000,000. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Armenia	5 000 000	6 500 000	1995-1999
Azerbaijan	5 000 000	6 500 000	1995-1999
Romania	5 000 000	7 500 000	1995-1999

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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I. ARMENIA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	1.1
U5MR (per 1,000 live births)	33
IMR (per 1,000 live births)	28
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1988)	..
Literacy (% male/female) (1989)	99/98
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita (1992)	$780

One-year-olds fully immunized against (1992):

tuberculosis:	88 per cent
diphtheria/pertussis/tetanus:	85 per cent
measles:	93 per cent
poliomyelitis:	92 per cent

Pregnant women immunized against:

tetanus:	.. per cent

The situation of children and women

1. Armenia, the smallest of the states of the former Soviet Union, is a land-locked and mountainous country. The country has a population of approximately 3.5 million people, one third living in Yerevan, the capital, another third in other urban areas and the remainder in sparsely populated rural areas.

2. Since the end of 1988, Armenia has been in a state of continuing crisis as a result of a major earthquake that claimed 25,000 victims and rendered 500,000 million people homeless. The six year territorial conflict with Azerbaijan over Nagorno Karabakh has made Armenia host to 300,000 refugees and 80,000 displaced persons from towns and villages in the east.

3. Although large numbers of people receive remittances from relatives living abroad, Armenia is the most affected of the countries of the Caucasus. The blockade of Armenia by neighbouring countries, together with ethnic clashes in Georgia, have cut off oil and gas supplies and interrupted normal lines of communications to and from its trading partners. Thus, Armenia is in a stranglehold - all international borders are closed except the one to Georgia. Industry has ground to a halt, with massive unemployment, rapid inflation and a deficit of well over one half its gross domestic product. Over 1 million people in Armenia (33 per cent) are economically vulnerable; most live in urban areas.

4. In this national context, the situation of children has worsened significantly in 1993 and 1994. Large numbers of schoolchildren are prevented from enrolling in school or attending school regularly. The severe shortage of school supplies, including textbooks, has affected most schoolchildren. Many

schools are in urgent need of repair and lack both furniture and fuel for heating; school meals have also been curtailed due to budgetary constraints. The World Food Programme (WFP) has targeted almost one sixth of the population for food aid, with primary school children being the largest group in need.

5. Among the most urgent problems to be addressed are rising infection and disease rates owing to a breakdown in hygiene and sanitation, incomplete immunization coverage and a chronic shortage of essential drugs and medical supplies. Armenia has always been dependent on imported medicine and, because of a lack of foreign exchange, now relies largely on donated pharmaceutical goods, vaccines and medical supplies. Mortality rates have increased and the risk of epidemics is high due to poor sanitary conditions.

6. Acute respiratory infections (ARI) cause over one quarter of infant deaths and diarrhoea causes over one sixth. Oral rehydration salts (ORS) are used, but they are in short supply. National immunization coverage of all expanded programme on immunization (EPI) antigens during the last five years ranged from 77 to 95 per cent. However, these national averages mask disparities among districts. A number of districts have only 45 to 50 per cent of children fully immunized, and children with questionable contra-indications are omitted altogether. Coverage of infants also appears to be overstated by 10 per cent because of counting doses going to children over one year of age, impotent serum and error in estimates of the numbers of births, particularly among refugee populations. Unfortunately, there has been a steady decline in breast-feeding since 1988 when 65 per cent of mothers were breast-feeding their children at four months; by 1992 this had declined almost by one half.

7. Women especially have borne the burden of economic transition. Nearly three quarters of unemployed, non-farm workers are women. They are burdened with caring for their families with reduced incomes, shortages of affordable food and coping with the cold of unheated homes that creates stress and illness in the family. The closing of the schools in winter has meant leaving the children of working women unattended. As contraceptive prevalence is one of the lowest in the region, women have high rates of abortion since it is used as a contraceptive method. This leads to high rates of maternal mortality. Women are underrepresented in senior decision-making positions; not one woman is among the 19 ministers of Government. In parliament, less than 4 per cent, or only 9, of the 249 parliamentarians are women.

8. There are many shortfalls and weaknesses in drinking water and sewerage systems. Pipes and the tanks are generally oversized; the quality of the construction is poor and water pools and reservoirs are deteriorating. A low supply of chlorine for purification represents a potential health threat. Due to shortages of electricity, fuel, spare parts and equipment, existing large-scale schemes rapidly become unmanageable, and many extensions towards peripheral villages are not operational. Central aqueducts are fed with water for only a few hours daily.

Programme cooperation, 1993-1994

9. In 1993, a country programme of cooperation in Armenia was approved by the Executive Board for the period 1993-1994 with an allocation of $2,000,000 in general resources and $2,000,000 in supplementary funds E/ICEF/1993/P/L.22). The general resources funds were fully expended during the programme period as were funds received from emergency appeals which amounted to $914,819 in 1993 and $1,646,690 in 1994.

10. This first programme of cooperation was by necessity an emergency programme to prevent a deterioration in the survival and development of children and women. However, this programme provided a bridge between emergency assistance

and longer-term development, and secured resources to implement both. The emphasis was on ensuring that emergency supplies such as essential drugs, vaccines, food for supplemental feeding, winter clothing and educational supplies reached the target population. The blockade of Armenia forced UNICEF to use air transport as well as roads and waterways with special security precautions.

11. The main focus of the inherited, former Soviet health system was on hospital and curative care. A new approach has been initiated to change this focus to preventive services and polyclinics at the community level. Maternal and child health (MCH) support has included emergency delivery of essential medical supplies through children's polyclinics and maternities to alleviate serious shortages and to deliver primary health care (PHC) services to the most vulnerable groups.

12. The immunization programme, which had stopped in 1993 due to a lack of vaccines, was restarted with the provision by UNICEF of vaccines and strengthening of the cold chain. A countrywide EPI coverage plan was prepared to streamline the programme. A significant outbreak of diphtheria and several new cases of polio occurred in 1994, but these were traced to outside origins.

13. Significant measures were taken for the control of diarrhoeal diseases (CDD) and child deaths due to dehydration and ARI through community education and the promotion of family knowledge on how to treat diarrhoea at home using oral rehydration therapy (ORT) and ORS and training in case management. The trainers are assigned throughout the country to continue training in rural polyclinics. UNICEF and the office of the United Nations High Commissioner for Refugees (UNHCR) conducted a study of the medical needs of refugees and provided support so that clinics could also serve the needs of the refugee population.

14. A Baby-Friendly Hospital Initiative (BFHI) plan of action was formulated and the training of hospital managers and supervisory staff was completed throughout the country.

15. Learning and teaching aids and other classroom materials as well as clothing and bed-kits were distributed to kindergartens, schools and institutions caring for children, as well as fuel for heating these institutions. A needs assessment in the education sector was carried out, including proposed changes in the curriculum to incorporate new approaches and teaching methods.

16. The booklet "Rights of the Child" was translated and printed. The first edition was distributed to the civil service at all administrative levels. UNICEF supports a monthly bilingual Armenian and Russian newspaper supplement to the biggest newspaper "Republica", entitled "UNICEF and YOU".

Recommended programme cooperation, 1995-1999

Estimated expenditure

(In thousands of United States dollars)

General resources	1995	1996	1997	1998	1999	Total
Health and nutrition	270	270	260	260	240	1 300
Children in especially difficult circumstances	290	280	270	240	220	1 300
Education	200	200	200	200	200	1 000
Water supply and sanitation	120	120	120	120	120	600
Planning, monitoring and evaluation	70	70	70	70	70	350
Programme support	90	90	90	90	90	450
Subtotal	1 040	1 030	1 010	980	940	5 000
Supplementary funding						
Health and nutrition	360	350	340	330	320	1 700
Children in especially difficult circumstances	320	310	300	290	280	1 500
Education	260	260	260	260	260	1 300
Water supply and sanitation	180	180	180	180	180	900
Planning, monitoring and evaluation	130	130	150	120	120	650
Programme support	90	90	90	90	90	450
Subtotal	1 340	1 320	1 320	1 270	1 250	6 500
Total	2 380	2 350	2 330	2 250	2 190	11 500

Programme objectives

17. The country programme objectives are to ensure that (a) critical basic services for children and women continue to be accessible to them; (b) inherited structures of the former Soviet system for the services of women and children are maintained until more cost-effective and efficient ones can be developed; and (c) improvements are made in the quality of basic services. The situation analysis concluded that the World Summit for Children goals will be achieved for a majority of the population provided the present crisis conditions can be overcome. However, these achievements will be more difficult for displaced and refugee children.

Programme strategies

18. The country programme will continue to pursue emergency strategies to prevent death and disease among children and women. However, at the same time, the cooperation will pursue a parallel strategy of promoting and supporting long-term sustainable programmes.

19. The strategies will aim to do this through selective programmes and projects which make optional use of Armenia's high level of education and social services infrastructure. The priority for service delivery will be the most vulnerable groups. Opportunities will be sought to introduce new practices, existing systems will be modified to make them more efficient and knowledge and experiences of successful programmes and policies in other countries will be shared. These approches can have a major impact because Armenia has the capacity to use new ideas and approaches quickly and implement them on a large scale. This will be done at the national level in the form of government policy reform and programme implementation, and will complement the participation of people and communities in decision-making for their own needs. As part of a thrust towards decentralization, the Government is strengthening the capacity of district- and community-level structures and institutions. The proposed country programme builds on this positive trend and aims to develop capacities and reorientate policies towards community-based approaches.

20. Conservative estimates made by the World Bank predict that Armenia will need at least the rest of the decade to regain the level of development it had at independence. Therefore, UNICEF will be selective and support those programmes which either will have a rapid impact on the well-being of children and women or can be partly or fully sustained within five years. This means that (a) government organizations should receive immediate help to restructure and reform; (b) a preparedness component should be built into national programmes to give them the necessary flexibility to respond to emergencies should they occur; (c) supply assistance will gradually diminish in favour of assistance for sustainability and reimbursable procurement on behalf of the Government; (d) local training of key government staff in planning, implementation and monitoring of programme progress and the revision of major professional training syllabuses will be a priority; and (e) a major emphasis will be placed on international experience and information exchange to learn from successes and on the strengthening of social indicators, their measurement, use and dissemination. There will be annual plans of action, together with annual reviews and revisions and updates of the situation analysis.

21. Two innovative approaches will organize national-level programmes and projects into a manageable framework for nationwide implementation. These two approaches are (a) the healthy village and (b) skills for life. These two approaches taken together should lead to a balanced development of each type of basic service and will strengthen community participation in programme implementation.

22. The main objective of the healthy village approach is to provide a cost-effective, affordable package of basic services with a focus on prevention to rural village that are most in need. These approaches use PHC elements as a framework with a focus on meeting basic health, nutrition, water supply, sanitation and education needs of children through village polyclinics, schools and water authorities and other village institutions. Schools will be important agents of change as teachers and students will take new knowledge on child survival, protection and development back into their families and communities.

23. The principal focus is on preventive and promotive services, e.g. improved primary education to attract children and prevent drop-outs. A village survey will be carried out with extensive community involvement and the participation of service agencies to identify needs, establish programme priorities and prepare programmes. Some other services will include immunization, essential drugs for polyclinics and early treatment and control of ARI and diarrhoeal diseases - the two leading causes of child deaths.

24. Basic services for the healthy village approach will also include safe motherhood services, the promotion of breast-feeding and BFHI, universal salt

iodization to eliminate iodine deficiency disorders (IDD) and the prevention of iron deficiency anaemia among pregnant women and young children. Growth monitoring and promotion will be introduced into outreach activities to homes with a focus on health and nutrition activities for all family members. The upgrading of village water supply and sanitation services will cover all underserved villages, i.e., those which are not included in the national water distribution system.

25. Monitoring to track the status of health villages with respect to all pertinent indicators will be an essential activity. Monitoring will be undertaken through epidemiological centres in every district and other community institutions such as schools. Awards for the community performances will be given annually.

26. In support of the healthy village approach, a package of "skills for life" will be developed and included in training syllabuses of teachers, health and social workers, and schoolchildren in pre-schools, kindergartens, primary and secondary schools. The package will adapt Facts for Life to the Armenian context, teach survival strategies and provide information about "the healthy village", its approaches and strategies, and provide practical guidelines with implications for each age-group among children as well as implications for family life. The same package will also be addressed to families.

27. UNICEF will support the Government in preparing a national plan of action, monitoring the Convention on the Rights of Child and revising national legislation to meet the articles of the Convention. A booklet on the Rights of the Child in Armenian will be distributed to all institutions and schools.

Health and nutrition

28. The programme focuses on achieving and sustaining the goals set by the World Summit for Children. The objective is to improve health policy so that it better serves the needs of children and women in rural areas by focusing on preventive care through PHC and MCH approaches. The capacity of health organizations will be built up and PHC will be strengthened through continuing training of health workers to promote preventive care, e.g. growth promotion; improving recording, reporting and data analysis systems; developing standardized diagnosis and treatment guidelines; and implementing health education services for major health hazards such as ARI and diarrhoeal diseases.

29. UNICEF will continue to provide vaccines, syringes and needles, cold-chain equipment and other EPI supplies; gradually the Government should be able to take over the procurement of all vaccines. The UNICEF role would then be limited to the reimbursable procurement of vaccines. Special coverage strategies will be implemented to prevent epidemics of diphtheria and outbreaks of polio. The promotion of ORT among children under five years of age will be pursued through mass media campaigns as part of the healthy village approach. Week-long promotions for ORT, which will also publicize the need for adequate sanitation, hygiene and clean drinking water, will be organized in communities. All health staff will be trained in correct case management for ARI with appropriate antibiotics and medicines. UNICEF will reach 80 per cent of mothers with basic information regarding ARI.

30. The Armenian salt industry will be supported to restart the iodization of salt for local salt mines which provide salt for Armenia, Georgia and Azerbaijan.

31. The programme will support implementation of the BFHI plan of action developed during the previous programme of cooperation. All health workers who work with children and mothers will receive a reorientation on breast-feeding.

Through the healthy village package and health facilities, all hospitals and maternities will become "baby-friendly". A safe motherhood programme will be developed which will introduce international reproductive health indicators with standard definitions as a basis for developing a data monitoring and evaluation system.

Children in especially difficult circumstances

32. There are many groups of children in especially difficult circumstances who are in need of special services. They include children in institutions, refugee children, disabled children, orphans and children under special psychological stress. Children in the earthquake-prone areas are particularly vulnerable. Psychological rehabilitation services and training of social workers will address the special needs of this target group by using appropriate therapies for each specific group of children, e.g. orphans.

Education

33. Primary education and early childhood development (ECD) programmes aim to provide equal and comprehensive opportunities for children to develop coping mechanisms for protection and care through "skills for life" training.

34. This is a new programme area with still evolving needs which will be analysed and responded to according to priorities identified. Particular attention will be given to the improvement of services and the re-qualification of existing institutions. UNICEF will support the Ministry of Education in introducing needed changes into existing school curricula and assist in training and the production of teaching and learning materials.

Water supply and sanitation

35. This programme will focus on low-cost rural water supply and sanitation services in underserved villages. Communities will be assisted to take responsibility for improving their environmental and hygienic practices and for repairing existing water reservoirs.

Planning, monitoring and evaluation

36. UNICEF is supporting the development of appropriate social indicators and monitoring their reliability and use. Armenia will participate in a special reporting system (MONEE) and collaborate with the United Nations Development Programme (UNDP) to prepare a national human development report. Support to the health information system includes the establishment of a surveillance system at the district level and the revision and development of routine reporting. All programmes will have a built-in monitoring and evaluation mechanism. Programmes will be evaluated in the middle and at the end of the five-year period. The Government will invite donors to participate in these evaluations.

Programme management and inter-agency cooperation

37. All programmes and projects will be implemented through the structures of the government ministries. A resident project officer manages the UNICEF office. A new structure and organigramme has been proposed according to the new country programme, whose costs will be covered by supplementary funds. UNICEF will continue to build strategic partnerships with other United Nations agencies operating in Armenia, particularly WFP, the World Health Organization (WHO), UNHCR and the United Nations Educational, Scientific and Cultural Organization (UNESCO), other international agencies and non-governmental organizations (NGOs), including the European Union, the Red Cross, the Cooperative for American Relief Everywhere, Inc. and the United States Agency for International Development (USAID).

II. AZERBAIJAN

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 yrs)	2.6
U5MR (per 1,000 live births)	52
IMR (per 1,000 live births)	36
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births)	..
Literacy (% male/female) (1989)	99/96
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%)	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita (1992)	$740
One-year-olds fully immunized against:	
tuberculosis:	94 per cent
diphtheria/pertussis/tetanus:	71 per cent
measles:	84 per cent
poliomyelitis:	70 per cent
Pregnant women immunized against:	
tetanus:	.. per cent

The situation of children and women

38. Azerbaijan has a population of 7.4 million, including 3 million children under the age of 16 years. Azerbaijan has rich reservoirs of oil and natural gas. However, the country's children and women are in dire need due to crisis - a harsh war with Armenia since 1988, disruption of trade with the republics of the former Soviet Union and sharp declines in production as industries lack sufficient raw materials and suffer from malfunctioning equipment. Declining harvests and government budgetary constraints also impose a heavy toll on people.

39. Inflation, estimated at 50 per cent a month, is pushing most Azeris into poverty. Close to 90 per cent of the population face a struggle for survival. The price of bread for a family of five is currently $10 a month. Minimum wages, pensions, and family and child allowances have been discontinued or are inadequate to provide even basic food. Survival depends on meagre family reserves, the sale of possessions, humanitarian assistance and the creative use of bartering.

40. Nagorno-Karabakh is an autonomous mountainous region within Azerbaijan, populated largely by Armenians, whose declaration of independence resulted in the current conflict with Armenia. The war has left more than 20,000 dead and 100,000 wounded. Seven hundred towns and villages and scores of public facilities have been destroyed. Economic restructuring has been delayed. A cease-fire agreement has been largely respected, but a peace treaty is still being negotiated. An enormous task will be to resettle refugees and displaced persons. One fifth of the territory, including agriculturally rich land, has been lost.

41. More than a century of poorly controlled drilling for oil on land and offshore has hurt the environment. Azerbaijan has very serious air pollution and a high incidence of respiratory ailments. Water is polluted and increasingly unsafe because of a shortage of treatment chemicals and deteriorating water systems. A recent agreement between the Government and a consortium of international oil companies is expected to revitalize the economy.

42. About 1.2 million people, 70 per cent of whom are women, children and the elderly, have been displaced from their homes or are refugees. Many live in appallingly crowded and unsanitary conditions. Children are exposed to infections and have been traumatized by armed conflict and displacement. Schooling has been interrupted and health care is limited. Recent outbreaks of vaccine-preventable diseases reflect the deterioration of immunization services. Measles morbidity increased by 300 per cent in 1993. A threefold increase in diphtheria deaths occurred between 1992 and 1994. Outbreaks of polio and cholera were also reported.

43. The infant mortality rate (IMR), which had been reduced to 29 deaths per 1,000 live births in 1990, was reported at 36 in 1993. The under-five mortality rate (U5MR) increased from 35 to 52 per 1,000 live births. Acute respiratory diseases have taken a high toll on infants and children and could become more prominent as a consequence of inadequate food, housing and protection. The deterioration of sanitary conditions have led to increasing cases of diarrhoeal diseases including salmonella and shigella.

44. It is estimated that the maternal mortality rate (MMR), which declined during the 1980s, has almost doubled from 18 per 100,000 live births in 1992 to 34 in 1993. Prenatal care is deteriorating and an increasing number of women are reported to be delivering at home. An increase in premature births as well as a fourfold increase in low-birth-weight babies due to poorer maternal nutrition and antenatal care, and psychological stress among pregnant women have been reported. Less than 2 per cent of women of reproductive age use modern contraceptives. Although reported abortion rates are low, health workers suggest that abortion is significantly underreported.

45. Breast-feeding, traditionally widespread, has declined significantly. In 1993, only 43 per cent of babies were breast-fed until three months old. Delivery and post-delivery practices in maternities do not encourage breast-feeding nor sufficiently promote bonding between mother and infant. Babies are separated from mothers and brought for feeding on rigid schedules. Hospital staff discourage breast-feeding based on pseudo-scientific reasons.

46. The health system is at risk of collapse due to managerial weaknesses, outdated practices, shortages of pharmaceuticals, malfunctioning equipment and poorly motivated and paid health workers. Private fee-for-service practice is widespread, although not officially sanctioned. Decentralization of budgetary authority to individual health institutions is planned by the Ministry of Health, but has not yet occurred.

47. The educational system, previously a high priority, suffers from a lack of finances, demoralized personnel, managerial inefficiency, inappropriate curricula and insufficient textbooks and basic supplies. All of this endangers the sustainability of virtual universal literacy. Alternative education for displaced children or for those who no longer have access to schools are top priorities.

Programme cooperation, 1993-1994

48. The UNICEF Emergency Programme Fund provided emergency supplies and vaccines in 1993. In May 1993, the UNICEF Executive Board approved the first

country programme for Azerbaijan for the period 1993-1994 with an allocation of $1,000,000 per year each from general resources and supplementary funding (E/ICEF/1993/P/L.23). Consolidated United Nations Emergency Appeals were also launched in June 1993 and March 1994 by the United Nations Department of Humanitarian Affairs (DHA) for the refugees and displaced populations. As a result, UNICEF assistance comprised about $3,000,000 for essential drugs and medical supplies. Initially, the UNICEF Geneva Office handled programme implementation with support of consultants stationed in Baku. In early 1994, the UNICEF Azerbaijan Office became fully operational with the appointment of a resident programme officer.

49. The first country programme for Azerbaijan had two major objectives: (a) to provide timely relief supplies to vulnerable groups facing extremely difficult circumstances; and (b) to lay the groundwork for a sustainable country programme. Essential drugs for medical emergencies were provided rapidly through the Ministry of Health. Vaccines were supplied and three intensive immunization campaigns were organized for all children under three years of age. No new cases of diphtheria were reported among immunized children.

50. To prepare a foundation for a rehabilitation effort, an analysis of the situation of children was undertaken. High priority child health and education problems were assessed. Collaboratively with WHO, several workshops and training programmes on ARI, IDD, EPI and BFHI were organized. Technical consultations produced recommendations on cold-chain maintenance, vaccination schedules, health education and IDD prevention as a basis for new programme activities.

Lessons learned

51. UNICEF assistance for critically needed supplies has been a good entry point for initial cooperation with the Government. Joint Government/UNICEF planning of emergency interventions became a sound basis for medium- and longer-term collaborative programming. The new programme of cooperation should continue to include an emergency component, while introducing activities that focus on policy reform and capacity-building.

52. Most external assistance is channelled under a category of humanitarian assistance mainly for 20 per cent of the population directly affected by armed conflict. Thus, there has been a tendency to neglect problems affecting the remaining 80 per cent of the population who have to cope with unemployment, dwindling incomes, and high prices for food, medical care and schooling as public services collapse.

53. Constraints to programme implementation in the current volatile country environment may continue for some time. Innovative approaches are required to improve motivation of public workers and organizational capacity to be able to adapt quickly and creatively to changes and emerging needs. Advocacy, social mobilization and an expanding network of NGOs will also be key to future programme successes.

Recommended programme cooperation, 1995-1999

Estimated annual expenditure

(In thousands of United States dollars)

General resources	1995	1996	1997	1998	1999	Total
Emergency (displaced persons)	100	100	100	100	100	500
Health	400	400	400	400	400	2 000
Education	150	150	150	150	150	750
Advocacy and social mobilization	50	50	50	50	50	250
Research, monitoring and evaluation	50	50	50	50	50	250
Programme support	250	250	250	250	250	1 250
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Supplementary funding						
Emergency (displaced persons)	550	550	550	550	550	2 750
Health	500	500	500	500	500	2 500
Education	250	250	250	250	250	1 250
Subtotal	1 300	1 300	1 300	1 300	1 300	6 500
Total	2 300	2 300	2 300	2 300	2 300	11 500

Objectives and strategies

54. UNICEF organized a series of consultancies in 1994 to formulate programme strategies to address sectoral needs. The major objectives will be (a) to arrest the increasing trend of IMR, U5MR and MMR, with a shorter-term related objective focusing on the achievement of the mid-decade goals in the first year of programme implementation; (b) to prevent the further decline in access and quality and promote appropriate educational reform; (c) to strengthen social sector policies and assist in the development and implementation of a national programme of action (NPA) for children; and (d) to help the country achieve the decade goals by 1999 for the longer-term.

55. The country programme strategy and its core principles on which the Government and UNICEF are building their cooperation draw on the Convention on the Rights of the Child. In addition, programme experiences during 1993-1994 will guide the new country programmes strategy. The proposed programme of cooperation will balance emergency assistance to alleviate immediate basic needs with rehabilitation and longer-term development for children and women. The expeditious delivery of urgently needed drugs, supplies and equipment, in collaboration with government, United Nations and NGO partners for distribution to crisis areas, will continue.

56. Empowering individuals, families and communities to become more responsible for children's well-being, previously mainly a government responsibility, is the second cornerstone of the strategy. Public information and education will introduce the principles of the Convention on the Rights of the Child.

57. Upgrading technical and managerial skills of child health, education and welfare personnel will strengthen capacity. As personnel at regional and local

levels will assume more responsibility for several services, new more cost-effective approaches will be promoted and sustained.

58. Advocacy for children and families will be critical elements of the programme strategy. UNICEF will encourage various forms of collaboration among the Government, NGOs, the media and other institutions to improve the situation of children. Development of an NPA should open the way for new multisectoral collaboration, e.g. the promotion of safe motherhood. An NPA would be a useful framework for planning and implementing reforms and for setting social priorities for children during economic transition. An NPA will also provide a sound framework for mobilizing much needed donor contributions and for guiding the allocation of both national and donor resources. Multisectoral planning for the NPA, still an unfamiliar practice in the country, will require support and technical assistance.

59. Three main thrusts would be emergency services, especially for displaced persons and refugees; health for revitalization of systems; and education. A cross-cutting programme is research, monitoring and evaluation combined with advocacy and social mobilization. Supplementary funding will largely support emergency activities, while activities related to the health and education programmes will be supported from a combination of general resources and supplementary funds.

Emergency

60. UNICEF will continue to provide and stockpile essential drugs and health equipment. Strengthening the health monitoring system in emergency areas to respond rapidly to needs will be a priority. In cooperation with WFP, WHO, local universities and other relevant institutions, UNICEF will support periodic nutrition surveys and provide micronutrients. Antibiotics and other life-saving drugs will be provided to treat and prevent disease outbreaks. Training will cover the control of communicable diseases and epidemiological surveillance. Supplementary funding will be used to provide vaccines and basic drugs on an emergency basis.

61. In crowded camps and collective centres for refugees and displaced populations, UNICEF will continue to provide disinfectants, hygienic supplies, and water purification materials as well as ORS. UNICEF will provide warm clothes and shoes and recreational materials for families. In collaboration with the Ministry of Health, NGOs and WHO, UNICEF will also promote health education campaigns in the camps.

62. UNICEF will continue to assist the Ministry of Education with the supply of basic learning materials such as exercise books, pencils and textbooks to displaced children. Skilled people among the displaced will be identified to run classes. In order to prevent and alleviate psychological and emotional disturbances which plague many children as a result of the armed conflict, UNICEF will help establish psycho-social counselling services. The development and adaptation of learning materials which introduce elements of conflict resolution, tolerance, peace education, solidarity and human rights will also be supported.

63. The influx of displaced persons has precipitated a flow of vagrant children into cities. UNICEF will support studies on causes and cases and the extent of children in difficult circumstances, e.g. street children, children in armed conflict, children and labour, orphans, disabled children, children subject to physical and sexual abuse, and children in prison. These studies will help to improve services for these children and prevent an increase of children in especially difficult circumstances.

Health

64. UNICEF cooperation with the Government will be complementary to the roles of donors in the effort to revitalize health care. Policy makers will be assisted in translating the goal of health reform into tangible plans through exchanges of information on reforms in other countries, e.g. health insurance and cost-sharing. Technical consultations, seminars, study visits and the dissemination of documentation will be supported.

65. Reforms will be supported initially in one urban and one rural area, with their successes leading to nationwide replication. Kuba district, a rural region in the north with the country's highest IMR, comprises 156 villages and a population of 130,000, including 41,000 children. The city of Sumgait, a highly polluted city and the third largest city in Azerbaijan with a population of 400,000 with 100,000 refugees and displaced persons in squalid, crowded squatter settlements, will also participate.

66. UNICEF will support health personnel in Kuba and Sumgait with trials to reduce costs of services, to demonstrate cost-sharing, to decentralize management of budgets and to organize community participation through local health and welfare committees. Health personnel will also be supported to implement programmes for control of ARI and CDD. An essential drugs policy will be tested.

67. UNICEF will cooperate with the Ministry of Health to reinforce primary health services nationwide through a basic package of cost-affordable, interrelated services. EPI, re-established through vaccines and equipment from UNICEF, will address outbreaks of measles, polio and diphtheria. In cooperation with WHO, the cold-chain system will continue to be upgraded and personnel will be retrained in its upkeep and management. Training and advocacy will focus on winning acceptance by health personnel of the WHO recommended schedule for immunizations and reducing the list of contra-indications which covers EPI coverage. The epidemiological surveillance system will be enhanced through the provision of computers and the training of personnel. The provision of vaccines will continue until vaccine self-sufficiency is attained. Most of the activities, particularly strengthening of the cold-chain network, will be covered through supplementary funds.

68. Services for the control of ARI and CDD are being initiated though joint efforts of the Government, WHO, UNICEF and the International Federation of Red Cross (IFRC). Activities will emphasize prevention and cost-effective management of infections without recourse to multiple, risky, expensive drugs and injections. UNICEF will provide essential antibiotics for ARI and adequate supplies of ORS.

69. A safe motherhood programme initiative will aim to stop the increase in maternal mortality and reduce the use of abortion as a contraceptive, in close collaboration with the United Nations Population Fund (UNFPA) and WHO. Media campaigns on the dangers of abortion, the advantages of birth spacing and training in safe motherhood practices will be developed. Maternity kits, essential drugs, basic obstetric equipment and supplies for maternities will be provided.

70. UNICEF will support extensive advocacy and information about breast-feeding and making hospitals and maternities "baby-friendly" and "woman-friendly". Technical assistance and training will support reorganization of maternity services and lactation management. Assessments of the incidence of anaemia and vitamin A and vitamin D deficiencies will be carried out using rapid surveys. UNICEF will also assist the Ministry of Health to develop feasible methods to monitor children's and women's nutrition. Nutrition education and

supplementation with vitamins and iron will be provided in accordance with the survey results.

71. Mild to moderate IDD occurs in 29 of the country's 63 provinces. As almost all salt is imported, UNICEF will advocate for enactment of national legislation to require iodization of imported salt. As most salt is imported from Ukraine, UNICEF cooperation with Ukraine will assist with salt iodization and packaging as this will benefit Azerbaijan. Informing the public through the media about the importance of consuming iodized salt will be a priority. Training of personnel will cover the testing of iodine dosage in salt.

Education

72. The programme's main objectives are to help the Ministry of Education cope with serious shortages of textbooks and school supplies and to support changes in the curriculum appropriate to the new challenges of a changing society. Through contributions of supplementary funds it will be possible to provide large quantities of learning and teaching aids. UNICEF assistance with curriculum reform will cover basic health, development, tolerance of minorities, as well as rights and responsibilities of children, in line with the Convention on the Rights of the Child. Orientation of Ministry of Education officials on issues of efficiency in financing primary education also will be supported. UNICEF will also provide assistance for the improvement and production of reading materials for student-centred lesson plans and teachers' guides and for orientation on utilization of these materials.

73. ECD activities will emphasize empowering parents with the appropriate skills and knowledge through the use of mass media, women's organizations and parents' classes. As many pre-schools and kindergartens have been dismantled, the formative role they once played has devolved to families. Technical assistance to adapt and develop education materials for parents and knowledge, attitudes and practices studies of mothers and caregivers will be supported.

Research, monitoring and evaluation

74. The programme of cooperation envisions selective, strategic investment in operational research and special studies, as well as in monitoring the changing situations of women and children, especially of the most vulnerable groups. Thus, activities to strengthen the capacity of government organizations and key NGOs to undertake rapid assessments and qualitative and quantitative analyses will be supported. Studies will cover micronutrient deficiencies; the impact of declining household food security on nutritional status; sources and use of household income; impact of environmental degradation on health; the situation of children in especially difficult circumstances, especially child victims of war; the role and situation of women; and attitudes to child-care practices. Results of these studies will be widely disseminated and promoted to improve programme implementation and advocacy. Annual reviews with the Government will be held, and a mid-term review in 1997 will evaluate the country programme.

Advocacy and social mobilization

75. Advocacy will play a key role in all country programme activities, especially to ensure that the needs of children are a high priority on the country's political agenda as well as on family agendas. Policy makers will be sensitized to the social dimensions of economic transition, and they will be encouraged to formulate improved economic and social policies such as social safety nets. Implementation of the Convention on the Rights of the Child will be promoted by increasing awareness of policy makers and the public on its provisions. UNICEF will encourage submission of the government's report to the United Nations Committee on Children's Rights, which will help to identify

issues requiring further attention. Support will be given to mass media to more effectively promote the cause of children and women in Azerbaijan's newly democratic society.

Collaboration with other partners

76. UNICEF will continue to collaborate closely with other United Nations and bilateral agencies, especially daily work with the agencies with which it shares a joint office - UNDP, DHA and WFP. NGOs, both national and international, will be important partners for reaching vulnerable groups and advocacy on their behalf. Collaboration with WHO will continue in the development of treatment protocols and in training of health staff, particularly for EPI, ARI/CDD, monitoring of iodization of salt, and developing and promoting essential drugs policies. UNICEF will continue to channel emergency assistance for children through UNHCR to refugee camps. WFP-supplied food-for-work will be utilized to mobilize labour for the construction/rehabilitation of health and education infrastructures, particularly in Kuba and Sumgait. UNFPA will play a key role in mobilization for family planning and will provide contraceptive supplies and technical training. IFRC will continue as an important partner in training health personnel.

Programme management

77. An international resident programme officer leads the country team and oversees the country programme and management of the country office. There will also be an international emergency officer and five national project officers for information and communication, health policy, MCH, emergency and rehabilitation, and education. An administrative officer, a supply assistant, four secretaries and two drivers will complete the staff configuration.

III. ROMANIA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	5.7
U5MR (per 1,000 live births)	29
IMR (per 1,000 live births)	23
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1992)	60
Literacy rate (% male/female) (1992)	99/95
Primary school enrolment (% net, male/female)	../..
Primary school children reaching grade 5 (%) (1991)	90
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita (1992)	$1,130

One-year-olds fully immunized against (1992):

tuberculosis:	99 per cent
diphtheria/pertussis/tetanus:	98 per cent
measles:	91 per cent
poliomyelitis:	92 per cent

Pregnant women immunized against:

tetanus:	.. per cent

The situation of children and women

78. Since 1989, Romania has established democracy, adopted a new Constitution and embarked on the transition to a free market economy. Romania's macroeconomic stabilization programme has had some positive effects, e.g. liberalized exchange market, reduced inflation, stabilized exchange rate, banking reform and some privatization. Existing social protection measures, such as cash allocations for families and the handicapped, have been strengthened. New protection mechanisms, including maternity leave and cash assistance, have been introduced.

79. Even so, new conditions created by the emerging private sector are increasing difficulties in enforcing social protection legislation. The economic transition has had severe consequences for most people. Romanians face a drastic decline in real wages; widespread unemployment, currently at 11 per cent (60 per cent of the total unemployed are women); and rising poverty, with over 60 per cent of children living in families with incomes less than one half of the 1989 average wage.

80. IMR at 23.4 per 1,000 live births, high U5MR at 30.5 per 1,000 live births, the incidence of low birth weight (8 per cent) and the high prevalence of infection with the human immunodeficiency virus (HIV) among children are well above the average for the region. Principal causes of infant mortality are respiratory diseases (37 per cent), perinatal causes (26 per cent) and congenital anomalies (17 per cent). Among children under five years old, respiratory diseases and accidents are the main causes of death. Although Romanian health services report high immunization coverage, mechanisms for

sustainable vaccine procurement are needed. Systems for storage, transport and distribution of vaccines require upgrading.

81. MMR was 60 per 100,000 live births in 1992. The major causes of maternal mortality are unsafe abortions, haemorrhage and infection. Abortions outnumber live births by a ratio of 2.4 to 1. Family planning services are not accessible to the majority of Romanians. Service providers and the general public lack important information about family planning and the risks associated with early, late and frequent childbearing, and 70 per cent of women do not receive adequate prenatal care.

82. While most infants are breast-fed, 78 per cent are introduced to solid food and diary milk before the age of six months. Existing hospital practices inhibit maternal-infant bonding and breast-feeding. The prevalence of anaemia among young children is high (about 50 per cent). The prevalence of IDD is 23 per cent in school-age children. Adequate legislation, improved production of iodized salt and public education activities need to be pursued.

83. After a decrease in 1991 and 1992, partially due to unregulated international adoptions, the number of children in state care rose to 100,000 by June 1994, a figure equal to the 1990 emergency level. Vulnerable families face economic problems which undermine their ability to cope, and alternatives remain scarce. Thus, the institutionalization of children continues. Intercountry adoptions are increasing; at least 60 per cent are in violation of international and national legislation.

84. As education in Romania is compulsory and free, primary school enrolment has been high. However, enrolment rates for minorities, rural children and the poor are significantly below those of other children and seem to be declining.

Programme cooperation, 1993-1994

85. A high-level comprehensive review of the 1993-1994 programme of cooperation was organized in May 1994 involving close to 100 representatives from the Government, NGOs, donors and United Nations agencies. A national strategy meeting was convened concurrently to present the proposed 1995-1996 country programme, under the aegis of the National Committee for Child Protection (NCCP). In addition, to supplement discussions and ensure agreement on a common framework and priorities, sectoral meetings were held with the Government. The analysis of the situation of children and women in Romania also was completed.

86. The Convention on the Rights of the Child serves as a framework for programme activities. UNICEF has worked closely with the interministerial NCCP to improve conditions for children, and in June 1994 the first National Conference on the implementation of the Convention on the Rights of the Child was held with UNICEF support.

87. Collaboration was maintained with United Nations agencies, the European Union and its Poland, Hungary Aid Rehabilitation Economy (PHARE) programme, the World Bank and USAID. This has enabled UNICEF to benefit from their programme experiences and to extend UNICEF advocacy to other important donors. In collaboration with the European Union/PHARE programme and USAID, UNICEF produced and released in mid-1993 a video on, "Child Protection in Romania", to promote a balanced image of the progress in child development and protection. With UNDP, UNICEF is supporting the preparation of a Romanian human development report under the auspices of the Council for Strategy and Economic Reform. Financial support was provided for the publication of a UNESCO-sponsored book on "Women and Transition in Eastern and Central Europe". Cooperation with WHO has focused on MCH. UNICEF also assisted a growing number of Romanian and international NGOs. Collaboration between the UNICEF Romania Office and the Romanian National

Committee for UNICEF is being strengthened, especially for domestic fund-raising initiatives.

Maternal and child health

88. Studies on safe motherhood and reproductive health were conducted by the Institute for Mother and Child with support from UNICEF, WHO and the United States Centers for Disease Control and Prevention. The first Romanian Safe Motherhood Conference was held, and UNICEF and WHO sponsored the first National Congress of Romanian Midwives. Health promotion and education activities were supported through the National Centre for Health Promotion and the Ministry of Health. Workshops for nurses in community practice and family planning were also held. A nutritional surveillance system was implemented to provide periodic evaluations of child nutritional status. A Romanian version of the WHO/UNICEF Statement "Protecting, Promoting and Supporting Breast-feeding" was produced and distributed. A strategy to launch BFHI in Romania was initiated. A workshop for EPI managers produced recommendations to improve on EPI operations. Technical assistance was provided for the rehabilitation of the cold chain and for a study on options for injection equipment and safe disposal and injection practices. Training workshops on methods of syringe sterilization and disposal were organized for nurses and other health personnel.

Family education

89. Activities aimed at equipping families and caregivers with information and skills to improve and maintain the health and welfare of children. Several workshops for the training of trainers in pre-school education, the prevention of acquired immune deficiency syndrome (AIDS) and in the development of a civic society were supported. A core national team in pre-school education has been formed and has independently continued in-service training of personnel. An early education guide and a video were produced, and resource centres for parents were established. A kindergarten curriculum, developed in 1993, went to scale in 1994. A social work education project contributed to university-level professional training. As part of continued support for social work training in Romanian universities in 1993-1994, course materials were translated and distributed, short courses and study tours were organized, and efforts were made to increase the relevance of the social work curriculum to the Romanian context. The first class of social workers in 20 years graduated in 1994. Courses for the HIV/AIDS education and prevention project continued; most training was conducted by Romanian trainers. An evaluation of the project in 1994 was followed by a National Conference on AIDS. UNICEF intensified its support for the training of NGO trainers project with courses for NGOs involved in programmes for children and families. A draft of the Romanian version of Facts for Life was produced, and teams of users have been been trained.

Children with special needs

90. The strengthening of services for children and families project, organized with NCCP and the tutelary authorities, included a two-tier training course for local child protection authorities. Project sites were proposed in preparation for the first phases of implementation. Audio-visual training material was prepared to facilitate the replication of the activities by others. Local initiatives for the integration of disabled children into schools and community living were supported. In cooperation with the Ministry of Education, seminars were organized locally for NGOs, teachers and parents, and a national network of NGOs involved in assistance to the disabled was established. Support for the Romanian Information Clearing-House has continued despite a number of bureaucratic difficulties which undermine its effectiveness. An evaluation produced recommendations with regards to its future role.

Lessons learned

91. During 1993-1994, networks and organizations operating at the community level involving health personnel, educators, social workers, NGOs and the media were strengthened. The new country programme will include them more fully as resources in the family education programme.

92. Sector studies have enabled authorities to base policy decisions on accurate information and move rapidly from assessment to analysis to action. Health education and promotion activities have brought to the forefront the essential role of families and communities in the protection and development of young children.

93. The increase of children in institutional care is the result of a combination of factors at family, community and national levels. Therefore, an integrated approach to child protection is proposed under the new programme. This approach constitutes a major challenge as government responsibility for the child is divided among 10 administrative bodies. Part of past UNICEF assistance was focused on three districts which, together with three sectors in Bucharest, constitute an area-based strategy which links the main sectoral programmes and participants. Judet (county) councils have been identified as likely partners. The strengthening of services for families at risk and of the promotion of alternatives to institutional care will be a priority. Hence, an area-based approach will facilitate linkages and mutual support between initiatives in the children in especially difficult circumstances sector.

94. The absence of general resources has limited the breadth of UNICEF cooperation as contributions for supplementary-funded programmes have tended to focus mainly on children in especially difficult circumstances. The new five-year regular programme proposes the allocation of general resources to the Romania programme. Romania qualifies for general resources as (a) the U5MR is significant at 29 per 1,000 live births; (b) the per capita gross national product is less than 30 other countries already receiving general resources; and (c) there is a large child population aged 0-15 years comprised of 6 million children.

Recommended programme cooperation, 1995-1999

Estimated expenditure

(In thousands of United States dollars)

General resources	1995	1996	1997	1998	1999	Total
Women and child health	266	213	208	203	198	1 088
Family education	244	250	250	250	250	1 244
Children in especially difficult circumstances	212	250	250	250	250	1 212
Planning and social policies	278	287	292	297	302	1 456
Subtotal	1 000	1 000	1 000	1 000	1 000	5 000
Supplementary funding						
Women and child health	400	433	488	488	488	2 297
Family education	336	434	419	429	439	2 057
Children in especially difficult circumstances	612	583	593	583	573	2 944
Planning and social policies	152	50	-	-	-	202
Subtotal	1 500	1 500	1 500	1 500	1 500	7 500
Total	2 500	2 500	2 500	2 500	2 500	12 500

Programme strategy

95. The new programme will help Romania to (a) achieve the mid-decade and decade goals; (b) sustain the progress that has already been achieved for children in especially difficult circumstances; (c) strengthen information systems to ensure that the monitoring of the progress truly reflects the situation of children and women; and (d) make the NPA operational. The cooperation is organized into four mutually supportive programmes: (a) women and child health; (b) family education; (c) children in especially difficult circumstances; and (d) planning and social policies. The programme strategy is based on the momentum existing in Romania to strengthen preventive care and improve policies for children, women and families. The strategy also will utilize Romania's infrastructure, human resources and many partners in the public sector, NGOs, universities, the donor community and the United Nations system.

96. Capacity-building, especially training needs of health and social care providers, will continue to be a part of UNICEF activities. National conferences on safe motherhood, family planning and well-women services, breast-feeding promotion, prevention of IDD, EPI, Convention on the Rights of the Child and other topics will serve as vehicles to disseminate current and relevant information and research findings to public organizations concerned with children and women. National conferences have proved to be effective catalysts for furthering policy development and inspiring local initiatives to improve public health and child welfare.

97. Complementary and reinforcing to national-level policy development and training activities, community-based models of excellence will be supported to provide innovative approaches for strengthening primary and integrated health

care systems, family education and child protection. These models will demonstrate activities to empower women, youth and families.

Planned programme components

98. Women and child health. Priority will be given to prevention strategies most likely to have the greatest public health impact at the lowest cost, especially interventions to prevent under-five and maternal deaths and morbidity from ARI, diarrhoeal diseases, HIV/AIDS, anaemia and IDD. Information, education and communication (IEC) activities will aim at empowering families to improve nutrition and breast-feeding. Health care providers will be trained in the prevention of low birth weight, growth monitoring and promotion, breast-feeding and BFHI, safe injection techniques, use of ORT and treatment of ARI. Activities to strengthen public health will include salt iodization packaging and distribution systems. Local-level training and educational activities will be linked with policy development and legislative measures at the national level as changes in medical practice are being facilitated by administrative reform. Supplementary funds will be used to complement and expand the scope and geographic coverage of PHC activities, including the safe motherhood initiative, HIV/AIDS prevention and EPI.

99. Activities already under way for eradicating polio and achieving 90 per cent coverage against diphtheria, tetanus, pertussis, measles, polio and tuberculosis will be continued, for example, through strengthening of the cold chain, storage, transport and distribution systems for vaccines, management of record keeping systems, development of injection and needle disposal policy, and AIDS prevention. UNICEF technical assistance for hepatitis B immunization will strengthen EPI through the investigation of cost-recovery mechanisms and the analysis of the costs and options for sustainable, affordable procurement of vaccines.

100. The reduction of maternal mortality will be achieved primarily by preventing maternal deaths due to unsafe abortions. Collaboration with UNFPA on IEC activities will strengthen family planning efforts. Continued support to model programmes will (a) make hospital services "woman-friendly" as well as "baby-friendly" through the promotion of appropriate technology and practices for birth, midwifery care and protocols for obstetrical emergencies; (b) strengthen prenatal care, increase access to services and improve communications between primary care and hospital providers; and (c) improve health education for parents. The prevention of low birth weight will benefit from improved family planning services for birth spacing. Other components will include treatment of anaemia and IDD and protection of maternity benefits.

101. Family education. The objective is to support the development of effective ways to reach families and communities. The strategy is to influence the attitudes and practices of families and service providers and to strengthen child care skills. This strategy of empowerment should contribute to the prevention of abandonment and the reduction of the number of children in institutions by increasing the confidence of the family in their ability to care for their children. The use of supplementary funds will allow for the development of early education, parent education and health education guides and training materials, as well as for the strengthening of local NGOs working in the area of child health and welfare.

102. Activities will include the development and introduction of an interdisciplinary perspective into the curriculum and the training of early childhood and primary school educators, health personnel - particularly nurses and midwives - and social workers. Teaching and learning materials will be designed and incorporated into national personnel training systems. Models of coordination between the public sector and with NGOs will be promoted. The

involvement of key decision makers will enhance the dissemination of information and implementation of new models. The expansion of the education for development concept into the primary education system will be strengthened with its introduction into the first grade.

103. Printed and audio-visual materials and methods for health education, community development and interpersonal communication will be developed. A broad spectrum of partners, including NGOs and the media, will be mobilized to participate. Non-formal education for parents using the Romanian version of Facts for Life will be promoted. Assessment of needs, in collaboration with NGOs, on the situation of vulnerable families, including the Roma (gypsy) population who are most in need of communications and education, will be conducted. The capacity of NGOs to act as resources for non-formal education at the community level will be strengthened. Parent centres for family education will be established in kindergartens and schools. Activities in collaboration with county-level sanitary directorates and health promotion laboratories as well as NGOs for non-formal education on HIV/AIDS prevention will continue.

104. Children in especially difficult circumstances. A twofold objective will include prevention of institutionalization and de-institutionalization of children, and improving legislation on the protection of children in especially difficult circumstances and their families. Activities will follow the model of the 1993-1994 programme, starting with the training of personnel involved in institutional placement of children. The training of trainers will accelerate the expansion of the coverage of services for vulnerable families and help these families to avoid sending their children to institutions. UNICEF will provide technical and material assistance. The integration of children with disabilities, HIV/AIDS-infected children and children in conflict with the law into communities will be pursued. Collaboration with NGOs is a strategy for this activity. Supplementary funds will be sought for the expansion of the integrated area-based approach to cover additional counties, for the training of trainers and for activities in support of improving government efforts to implement the Convention on the Rights of the Child.

105. Over the coming five years, the integrated strategy will be implemented in 15 counties and the six sectors of Bucharest. UNICEF support to capacity-building and decentralization will cover situation analyses, identification of priorities and allocation of resources for the development of county-level NPAs. These efforts will benefit from disagregated data of the Romanian human development report, which is currently under preparation. Other activities will strengthen the review and implementation of legislation on the protection of the rights of the child for both children living in institutions and with their families. UNICEF will continue to be active in monitoring that the rights of the child within the process of intercountry and national adoptions are respected and that appropriate mechanisms for this purpose are operating effectively. Closer collaboration with NCCP will be a key element of this approach. Assistance will include strengthening the capacity of the National Committee for Adoption through training, technical and financial assistance. Advocating for the strict respect of international norms and legislation on intercountry adoption will be a priority.

106. Planning and social policies. The impact of economic adjustment policies on children and families has generated widespread hardships and will be assessed continuously to strengthen social policy and legislation for children. The programme will focus on social indicators, identifying cost-effective opportunities for new databases and improved analysis, presentations and reporting. Advocacy will help to generate sustainable political will and provide support for the development of an NPA for children. National capacity in social statistics will be strengthened through the provision of technical assistance, training and support for publications. The Romanian contribution to

the "Regional Monitoring Report on Public Policy and Social Conditions", produced by the UNICEF International Child Development Centre, and the publication of a parallel national report supported by the UNICEF Romania Office will continue. The updating of the national situation analysis will be carried out. Depending of the availability of supplementary funds, a national school census will be undertaken at the county level. The census would help to promote policies for maintaining quality and equity in education.

107. Monitoring and evaluation. The activities on social policy development and advocacy will enhance the monitoring and evaluation capacity of the Government and UNICEF country office. Information obtained from surveys and studies will be incorporated into the programming process. Regular field visits will assess programme effectiveness and help to make adjustments accordingly. Three NGOs and one university with databases on the situation of children will also be supported.

Cooperation with other organizations

108. Collaboration with the World Bank, the European Union and bilateral agencies, particularly USAID, is reflected in the new programme. A strong congruence between the objectives of the World Bank health loan, the PHARE and social dialogue programmes of the European Union, the USAID SEED Act Assistance Strategy for Romania programme and UNICEF cooperation will help to expand the impact of UNICEF cooperation in a cost-effective manner. UNICEF assistance with the procurement of pharmaceuticals and training of personnel under the World Bank health loan will continue, and activities in health education, BFHI and safe motherhood also will be supported by UNICEF resources. The European Union PHARE programme for child protection and UNICEF cooperation will mutually benefit from complementary activities in legislation, training and research. UNICEF and UNFPA will collaborate in family planning and reproductive health. The health programme has been developed in collaboration with WHO. Activities with NGOs supported by UNICEF, particularly in child protection, will continue.

Programme management and support

109. There is a need to strengthen the staffing of the UNICEF office in Romania with one international information officer post, one national health officer post and four General Service posts. The costs for staff would be covered from general resources, the administrative and programme support budget and supplementary funds. These staff changes would represent an increase in total staff from 10 to 16.

UNITED
NATIONS

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Economic and Social Council

Distr.
LIMITED

E/ICEF/1995/P/L.27
8 February 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
Second regular session 1995
20-23 March 1995

FOR ACTION

RECOMMENDATIONS FOR FUNDING FOR SHORT-DURATION COUNTRY PROGRAMMES IN THE EASTERN AND SOUTHERN AFRICA REGION*

SUMMARY

The present document contains recommendations for funding from general resources and supplementary funds for country programmes in the Eastern and Southern Africa region with a duration of three years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below:

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Angola	3 200 000	6 700 000	1996
Sao Tome and Principe	750 000	345 000	1996
Somalia	3 000 000	23 000 000	1996

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1994, will be contained in the "Summary of 1995 recommendations for general resources and supplementary funding programmes" (E/ICEF/1995/P/L.10 and Add.1).

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I. ANGOLA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	5.1
U5MR (per 1,000 live births)	292
IMR (per 1,000 live births)	170
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1994)	..
Literacy (% male/female) (1990)	56/29
Primary school enrolment (% net) (1991)	41
Primary school children reach grade 5 (%) (1990)	34
Access to safe water (%) (1991)	41
Access to health services (%) (1980)	30
GNP per capita (1992)	a/

One-year-olds fully immunized against:

tuberculosis:	53 per cent
diphtheria/pertussis/tetanus:	30 per cent
measles:	47 per cent
poliomyelitis:	28 per cent
yellow fever:	32 per cent

Pregnant women immunized against:

tetanus:	14 per cent

a/ Estimated to be lower-middle-income ($676-$2,695).

The situation of children and women

1. The single most important factor affecting the situation of children and women in Angola has been the intensification of civil war between 1992 and 1994. During that time, there have been more deaths and destruction of basic health, education and commercial infrastructures than during the past 18 years of civil war. The situation of children and women has never been as low. The national economy is in a crisis.

2. Seventy-five per cent of the cold chain are inoperable, while 60 per cent of health infrastructures have been destroyed or damaged. More than 25 per cent of classrooms are unusable due to the destruction of schools. Jointly, the battles of Huambo and Kuito contributed to the deaths of more than 50,000 persons. In Kuito, about four persons have died per day due to land-mines, and many are left maimed.

3. War, economic decline and collapsed social services have led to an alarming rise in the mortality of children and women. The infant mortality rate (IMR) and the under-five mortality rate (U5MR) are estimated to have risen from 173 and 292 per 1,000 live births, respectively, in 1991, to approximately 195 and 320, respectively, in 1994. In 1990, the maternal mortality rate (MMR) was 600-800 per 100,000 live births and it is estimated to have increased to 1,500-1,800. These mortality trends are evident in urban and peri-urban areas, but rural areas have similar patterns.

4. The high mortality rates are due in part to the prioritization of governmental allocations for the military effort to the detriment of basic social services. In addition, children and women, fleeing to safety, lose access to basic social services, are killed by fighting or landmines, or die from acute respiratory infections (ARI), malaria, diarrhoea, cholera, measles, meningitis or polio. Malnutrition also kills many children. The highest levels of malnutrition, ranging from 35 to 65 per cent, were registered in 1993 and 1994. Under-five malnutrition reached 75 per cent in some locations. More than 2.5 million persons, mostly children and women, are affected directly by iodine deficiency disorders (IDD), and in the central highlands, goitre prevalence rates range between 50 and 73 per cent.

5. There are more than 12 million land-mines of different types. It would take an infinite period of time to make the country free of mines. More than 70,000 persons have lost limbs because of mines.

6. Since early 1994, the number of internally displaced persons has risen from 950,300 to 1.2 million. The population affected by the civil war has risen in the same period from 3.2 million to 3.7 million. About 68 per cent, or 2,516,000, of the war-affected population are comprised of children and women. Some 300,000 Angolans have sought refuge in Zaire and Zambia.

7. One visible consequence of civil war has been urban congestion and rural depopulation. Most cities are experiencing steadily deteriorating health, hygiene and sanitation standards, which often contribute to the onset of epidemics and create a strain on basic services. In Luanda, for instance, the population, most of whom live in deplorable conditions, has risen from about 1.6 million in 1991 to approximately 2.3 million as of mid-1994.

8. The growing number of street children, estimated at 4,000 in Luanda alone, is another visible consequence of the war, displacement and rapid urbanization. These children are hungry, malnourished, physically and sexually abused, sick, abandoned by their parents and families, subject to early military conscription, out of school and traumatized by war and the disintegration of family structures.

9. Although Angola has undertaken many economic reforms since 1991, economic performance still remains poor. The high dependence on oil and diamond revenues contrasts sharply with low productivity in other sectors of the economy. Annual inflation is more than 100 per cent, and between 1993 and 1994, the national currency was devalued by almost 1,000 per cent. Government salary levels have not kept up with inflation, leading to high absenteeism, low motivation and low productivity. Poverty is clearly visible in urban areas. Although its extent in many rural areas is unknown, there is little doubt that rural poverty is widespread.

Programme cooperation, 1991-1995

10. The 1991-1995 programme of cooperation was prepared at a time when a negotiated peace settlement for Angola seemed probable. The principal goals of the programme were to improve the situation of children and women through services aimed at reducing morbidity and mortality, improving nutritional status and strengthening the physical, social and intellectual development of young children. Provincial-level implementation of activities was a major strategy, as was the continuity of emergency-based actions to complement long-term development priorities.

11. The signing of the Bicesse Peace Agreement in May 1991 created conditions for very positive programme implementation with the Government and non-governmental organizations (NGOs). Growing accessibility to almost all parts of the country facilitated an increase in vaccination coverage to about

70 per cent in provincial capitals. About 1,500 essential drugs kits were distributed so that approximately 200 health posts and health centres were able to provide basic preventive and curative health services to peri-urban and rural populations. Similarly, more than 2,000,000 people benefited from combined household food security and relief and survival assistance. Important advocacy and development activities produced key achievements such as the ratification of the Convention on the Rights of the Child and the National Round-table on Education for All.

12. However, safety and security problems, leading up to the post electoral crisis, were a setback to programme implementation. In August 1992, key NGO and government officials began to flee from rural areas, and by September 1992, the gains achieved between May 1991 and August 1992 were being jeopardized. Following the "War of the Cities" from October to December 1992, and the evacuation of all UNICEF non-essential international staff from Luanda to Windhoek, Namibia, the activities of the Government, UNICEF, international NGOs and other United Nations agencies declined. For example, measles coverage appeared to have dropped from 70 to 60 per cent by the end of 1992. Whereas more than 2,000,000 people were assisted with seeds, tools, relief and survival items by the end of 1992, less than 1,400,000 people benefited from this assistance in 1993.

13. In early 1993, the programme was adjusted so as to be more responsive to the growing needs of millions of children and women who became vulnerable to armed conflict. Through two successive 90-day plans of action and a subsequent six-month plan of action, the Government and UNICEF refocused programme strategies to make humanitarian assistance the top priority. As of early 1994, 80 per cent of UNICEF assisted activities were for emergency services, while the remaining 20 per cent focused on development activities.

14. Significant progress has been made since the programme was adjusted. For example, UNICEF assistance to the Government and NGOs was instrumental in the vaccination of 963,000 children under the age of five years against measles and 905,000 women against tetanus; nutrition rehabilitation care reached 129,000 children; more than 2 million displaced and highly vulnerable persons received relief, seeds and tool kits; improved access to safe water benefited 643,000 persons in rural, peri-urban and urban areas; and 574 urban and peri-urban families received latrines.

15. UNICEF supported a programme called the "Grand Alliance for Life", comprised of a series of complementary and intersectoral activities to improve the well-being of women and children. The services included measles plus (with other health services), the control of IDD, universal salt iodization, the control of diarrhoeal diseases (CDD), acquired immune deficiency syndrome (AIDS) awareness, mines awareness and avoidance, polio eradication, psycho-social trauma and street children and peace education.

Lessons learned

16. The last major Government/UNICEF annual review of the country programme was undertaken in 1991. Nevertheless, abbreviated programme reviews were undertaken prior to adjustments in 1993 and during the third quarter of 1994. In the current country situation, improved delivery of basic social services for children and women can evolve, with a strong and active presence of UNICEF at the provincial level. Moreover, NGOs are key partners in programme implementation. However, this partnership generates better results when NGOs do not simply view UNICEF as a supplier of basic goods, and when UNICEF does not see NGOs as merely a vehicle for implementation. When both partners view each other as having important roles in policy and programme development, the partnership is at its strongest.

17. Some of the decade goals can be pursued with an effective mixture of geographical accessibility and government commitment and capacity. For example, the mid-decade goals for measles, vitamin A, iodine deficiency and diarrhoeal diseases are being pursued because the Government has committed resources and personnel, and itself advocates for their achievement. As a corollary, the sanctity of humanitarian assistance needs to be fully respected and guaranteed by all parties so that human misery can be averted even in times of protracted armed conflict.

18. The rehabilitation of large-scale infrastructures such as schools, hospitals and city water supply systems was pursued, but rehabilitation is an endeavour in which UNICEF should play a minor supportive role rather than a major one. UNICEF efforts should be complementary to those of other donors and focus on advocating for donor involvement in major rehabilitation programmes.

19. The field office structure introduced in 1993 as part of the programme adjustment greatly facilitated programme implementation. Drawing on the positive expansion efforts undertaken in late 1993, the field office structure has been reorganized so as to generate a high implementation rate through the decentralization of activities to the provincial levels. Twelve field offices are organized into seven clusters which facilitate programme implementation in 18 provinces.

20. Government salaries are low, which, in turn, forces civil servants to seek additional income; this constrains the capacity of Government to handle workloads. The resulting shortfalls in productivity for the Government could be largely averted through continuous capacity-building, together with administrative, social and economic reforms.

Recommended programme cooperation, 1996

Estimated annual expenditure

(In thousands of United States dollars)

	1996
General resources	
Primary health care	530
Nutrition	400
Water supply and sanitation	400
Education and children in especially difficult circumstances	500
Basic services development	310
Information and social communication	200
Social statistics, monitoring and evaluation	110
Programme management and support	750
Subtotal	3 200
Supplementary funding	
Primary health care	4 500
Nutrition	500
Water supply and sanitation	1 000
Education and children in especially difficult circumstances	500
Social statistics, monitoring and evaluation	200
Subtotal	6 700
Total	9 900

Objectives

21. A one-year country programme for 1996 is required to bridge the end of the current country programme (1991-1995) and to support the preparation of a new cycle. A 1997-2001 programme cycle is planned, should the country situation permit. A bridging programme in 1996 will give both the Government and UNICEF sufficient time to adequately plan a 1997-2001 country programme and to harmonize programme cycles with the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA).

22. The objective of the 1996 bridging programme is to establish a framework for sustainable reductions of infant, under-five and maternal mortality. The bridging programme will attempt to benefit from the expected positive results of the peace process during 1995. Humanitarian assistance, together with support for a comprehensive demobilization and reintegration process, will be a major programme strategy during 1995. If gains for peace in 1995 can be sustained, a successful bridging operation should take place in 1996. Otherwise, the 1996 bridging will need to be refocused accordingly.

Strategies

23. Three existing strategies will be pursued: (a) emergency service delivery with relief, rehabilitation and development activities; (b) capacity-building; and (c) advocacy for social sector reform. These strategies are fully applicable to the objectives of the bridging programme and supportive of the peace process.

24. The strategy for emergency social services combines responses to the immediate needs of children and women with the underlying causes of their vulnerability. For example, there is complementarity between short-term assistance to families exposed to armed conflict and medium- to long-term support for the restoration of basic social services and the promotion of household food security.

25. The development of national capacities and international support, targeted principally at enhancing skills to plan, implement, monitor and evaluate programmes, is also a major strategy. Inadequate budgetary allocations to the social sectors will be addressed through policy advocacy on poverty reduction and sustainable human development. UNICEF, in close collaboration with other partners, will support dialogue and analysis on social sector reform.

26. The bridging programme will comprise primary health care (PHC), nutrition and household food security, water supply and sanitation, education and children in especially difficult circumstances. While pursuing sector-specific strategies, each of the programmes will be guided by the overall programme strategies identified above. The sectoral objectives are basically a continuation of those which were not fully achieved during the 1991-1995 country programme.

Primary health care

27. The focus of the PHC programme is the reduction of infant, under-five and maternal mortality, as well as the achievement of key mid-decade goals. The priority strategies are the revitalization of basic maternal and child health (MCH) and health services; the protection of children against expanded programme on immunization (EPI) diseases; the promotion of the safe motherhood initiative; the control of communicable childhood diseases, including malaria; the provision of sufficient quantities of essential drugs; and national capacity-building for programme development and implementation. UNICEF will assist activities for vaccination at fixed posts and during campaigns; the distribution of drug kits and packets of oral rehydration salts; the training of health care workers in integrated PHC; and operational health research and baseline studies.

Nutrition

28. The objectives of the programme are to reduce morbidity and mortality related to acute and chronic malnutrition in young children; to provide nutrition surveillance and growth monitoring; to reduce the incidence of micronutrient deficiencies; and to promote subsistence farming among displaced and vulnerable farmers. The programme is composed of four projects: improved child growth; nutrition surveillance; micronutrient deficiency diseases; and capacity-building. UNICEF will assist the promotion of breast-feeding and the establishment of "baby-friendly" hospitals; implementation of a nationwide nutrition survey; the procurement and distribution of nutrition surveillance and monitoring supplies; salt iodization; and training for nutritionists.

Water supply and sanitation

29. The water supply and sanitation programme seeks to strengthen national government capacities for improved planning, implementation and sustainability of water supply and sanitation facilities; to improve the control of hygiene-related diseases; and to restore and provide water supply and sanitation facilities in underserved and emergency areas. The programme is comprised of three projects: institutional capacity-building; integrated provincial hygiene, sanitation and water supply; and emergency service. The creation of new and the rehabilitation of old water points and systems, latrine construction and the promotion of integrated hygiene and sanitation are major activities.

Education and children in especially difficult circumstances

30. The objectives are to increase educational opportunities for out-of-school children and to improve the quality of teaching in peri-urban and rural areas; to increase alternative opportunities for the care and education of children in especially difficult circumstances; and to promote the increase of education and income-generation opportunities for peri-urban and rural women, particularly among displaced and resettled groups, and the poor. The five projects are: primary education; early education; children in especially difficult circumstances; human rights and peace development; and women's development and gender issues. The range of activities include the provision of technical support to government and NGO personnel; the provision of teaching/learning kits; the formulation of appropriate pedagogical policies and legislation; and the development of media messages.

Basic services development

31. Basic services supported by well-coordinated social communication, monitoring and evaluation will improve humanitarian assistance to war- and drought-affected populations, especially displaced children and women. The strategy will be to achieve high coverage of priority programmes and to assist with the reintegration of affected families and individuals. Other strategies include institutional capacity-building such as joint planning with all partners; the rehabilitation of basic social services; and the development of community-based interventions. Activities will focus on providing needy families with seeds, tools, and relief and survival items; conducting needs assessments; developing provincial implementation plans; and facilitating interventions of technical sectors at the provincial level.

Information and social communication

32. The role of information and social communication is to increase and disseminate child survival and development (CSD) information for positive behavioural changes among children and women. Another role is to promote awareness of national and international groups on child rights. The sector will implement four projects during the bridging period: (a) information and

advocacy; (b) social communication; (c) mine awareness and avoidance; and (d) human immunodeficiency virus (HIV)/AIDS behavioural change. Activities will include information campaigns; materials development; the promotion of information, education and communication (IEC) strategies on survival needs and child rights; the empowerment of beneficiary groups; the mobilization of national and international partners; implementation of knowledge, attitude and practice surveys; training in graphic design; and the development of a resource mobilization strategy.

Social statistics, monitoring and evaluation

33. Strengthened programme information and assistance to the Government and NGOs in the collection, analysis and dissemination of essential statistics and research on children and women is the objective. Three projects are included: monitoring the impact of the Angolan economy on children and women; social statistics data collection; and programme monitoring support. Activities will include the design and implementation of low-cost surveys and data collection techniques; operational research and evaluations; the wide dissemination of essential statistics; needs assessment missions; and advocacy on behalf of social sector reform.

Cooperation with other partners

34. To support the United Nations country programme harmonization process, UNICEF will continue to work closely with other United Nations agencies in developing a joint situation analysis and a country strategy note, the preparation of which was deferred while awaiting peace and stability. Sustainable human development, social sector reform, capacity-building and humanitarian assistance will be pivotal issues in the country strategy note.

II. SAO TOME AND PRINCIPE

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	0.1
U5MR (per 1,000 live births)	84
IMR (per 1,000 live births)	64
Underweight (% moderate and severe) (1986)	17
Maternal mortality ratio (per 100,000 live births) (1991)	79
Literacy (% male/female) (1981)	73/42
Primary school enrolment (% net, male/female)	82/81
Primary school children reaching grade 5 (%) (1985)	88
Access to safe water (%)	74
Access to health services (%) (1985)	80
GNP per capita (1992)	$360
One-year-olds fully immunized against:	
tuberculosis:	77 per cent
diphtheria/pertussis/tetanus:	60 per cent
measles:	57 per cent
poliomyelitis:	60 per cent
Pregnant women immunized against:	
tetanus:	42 per cent

The situation of children and women

35. Despite a gross national product per capita of only $360, Sao Tome and Principe's overall health situation is better than most countries in the region. IMR is 64 per 1,000 live births. About 45 per cent of the 1,000 deaths registered annually occur among children under five years old. The principal causes of under-five deaths are malaria, ARI and anaemia. MMR is officially 79 per 100,000 live births, but it is probably under-reported.

36. The most common cause of morbidity for all age-groups is malaria. Malaria control activities are being implemented through a World Bank project. After malaria, the most common diseases among children are helminthiasis, anaemia, ARI and diarrhoeal diseases. The number of AIDS cases was 13 by the end of 1993.

37. Although more recent information is not available, 1986 figures suggest that 17 per cent of children under five years old suffer from moderate or severe malnutrition, particularly in the southern region. Vitamin A deficiency has never been reported. In 1993, a survey on goitre prevalence among schoolchildren confirmed that IDD is a problem and should be addressed through the iodization of salt. The overall goitre rate was 50 per cent, with the highest rate in the southern district of Caue. There was no iodized salt available in the markets. Hospital data from 1992 suggest a prevalence of low birth weight of 10 per cent. No official data exist on anaemia during pregnancy, but there is concern that food taboos may represent a major cause.

38. The number of health facilities is adequate despite a reduction in the second half of the 1980s. Most of the health units are simple first aid posts, located in poorly maintained buildings, with limited equipment and poorly trained and motivated staff. The quality of the services is often inadequate,

compounded by poor communication and transport facilities, particularly in rural and peri-urban areas.

39. After achieving universal child immunization for all antigens in 1991, immunization coverage decreased substantially owing mainly to the sharp increases in fuel prices which hampered the activities of mobile teams. Figures from the first quarter of 1994 show that the downward trend has been halted and 1994 coverage figures are expected to be substantially higher than in 1993.

40. A large majority of the population are aware of oral rehydration therapy (ORT), its preparation and use. However, ORT use is rare in rural areas. Roots and leaves are widely used, while in urban areas, antibiotics and anti-diarrhoeals continue to be the most common treatment.

41. Twelve per cent of women of child-bearing age use family planning methods. Two thirds of pregnant women attend antenatal clinics, but only 50 per cent of pregnant women receive two doses of tetanus toxoid. Sixty per cent of deliveries are assisted in health institutions, a decline of 15 per cent from the second half of the 1980s.

42. Neither local production nor imports ensure a sufficient supply of food and, consequently, there are periodic shortages of basic food items. The monoculture of cocoa limits household food security. The 1991 national census suggests that 15 per cent of households lack sufficient income. Eight out of 10 of these households are headed by women. A 1990 study found that 33 per cent of these households live in extreme poverty.

43. The educational system is deteriorating in terms of school infrastructure and equipment, particularly pre-schools and primary schools. The shortage of teaching materials, poorly trained teachers (43 per cent of primary school teachers and 83 per cent of secondary school teachers) and the lack of motivation constitute major problems. As a result, the quality of education is poor, with significant failure and drop-out rates. Net primary school enrolment exceeds 80 per cent without significant gender disparity. Pre-school enrolment is only 40 per cent owing mainly to limited space. Street children are becoming an important phenomenon in Sao Tome town.

44. Low coverage and poor quality of environmental sanitation services contribute to morbidity and mortality among children and women. In 1993, only 25 per cent of the population had access to sanitary means of excreta disposal, while 74 per cent had access to safe water. Even with low access, sanitation improved slightly after 1990 due to a successful latrine/health education project, with active community involvement.

45. The country does not yet have a national development plan. The national programme of action (NPA) for children was completed in June 1994. The Convention on the Rights of the Child was ratified in May 1991. Many national NGOs have been formed in the last few years and they are particularly active in the areas of street children, health education, environmental protection and social mobilization.

Programme cooperation, 1991-1995

46. The 1991-1995 Government/UNICEF programme of cooperation focused on MCH, the provision of safe drinking water, sanitation, pre-school and primary education, community development and street children. The major objectives were to reduce IMR and U5MR and to improve the quality of life of children and women, with an emphasis on health, nutrition and education.

47. The objective of the health programme was to reduce morbidity and mortality among children under five years old and pregnant women and to promote CSD by increasing coverage, quality and access to PHC. Refresher courses were held for 100 community health workers (CHWs) and 250 health activists. Emphasis was given to EPI mobilization and the protection and maintenance of drinking water sources.

48. The overall objectives of the education programme were (a) the development of services for life skills for young children and youth through interactive radio instruction; and (b) primary school teacher training, using low-cost solutions involving the participation of the community. The main achievement was the training of primary school teachers from all seven districts.

49. The area-based integrated development programme concentrated on child survival, protection and development and the promotion of women at the community level. Community-managed activities were supported by interventions such as the provision of safe drinking water and the construction of latrines. Latrines were built for 1,000 households, and 35 water sources were protected. In addition, IEC materials on health education also were developed. Between 1990 and 1993, there was an 11 per cent increase in access to water and an 8 per cent increase in access to latrines.

50. Implementation of the country programme was hampered by several constraints. A health cost-sharing mechanism based on the Bamako Initiative failed partly due to a virtually non-existent tradition of community participation and insufficient management capacity due to a shortage of trained personnel. There have been cutbacks in the social sector budgets under the structural adjustment programme. Lastly, national development priorities are generally not clearly expressed, and planning is hindered by a lack of reliable data.

Lessons learned

51. The mid-term review took place in October 1993 and analysed achievements and constraints and identified priorities. The need to strengthen community involvement in planning, cost-sharing and project implementation to sustain and improve the quality of social service delivery was identified. Better coordination and information-sharing among all participating agencies is also required. Training at all levels requires greater support and careful planning. Training of CHWs and primary school teachers as well as the latrine project are considered "success stories" which should be replicated on a wider scale.

Recommended programme cooperation, 1996

Estimated annual expenditure

(In thousands of United States dollars)

	1996
General resources	
Primary health care	200
Basic education	130
Integrated basic services	170
Programme support	250
Subtotal	750
Supplementary funding	
Primary health care	115
Basic education	95
Integrated basic services	135
Subtotal	345
Total	1 095

Objectives

52. The current UNICEF programme cycle, which ends in 1995, was to be followed by a new programme covering the period 1996-2000. However, the UNDP and UNFPA programme cycles run from 1997 to 2001. Therefore, with the objective of harmonizing programme cycles with UNDP and UNFPA, a one-year programme in 1996 would bridge the current programme, with a five year programme beginning in 1997.

53. In this context, the main objective of the 1996 bridging programme will be to establish the groundwork for sustainable reductions in IMR, U5MR, MMR and child malnutrition. Proposed rates of reduction will be presented in quantifiable terms in the country programme recommendation for the 1997-2001 cycle.

Programme strategy

54. The coverage of the programme of cooperation will be nationwide, with particular attention to socio-economically disadvantaged areas. The priority target groups for the country programme will be children under five years old, children who are achieving poor results in school, children who have difficult access to school and health facilities, street children and pregnant women. The NPA, the World Summit for Children goals and the Dakar Consensus will be used as frameworks to plan, monitor and evaluate activities and for advocacy purposes. Efforts will be made to reduce the social disparities between boys and girls and between men and women. An integrated approach to decentralize planning and decision-making, with community participation, will be promoted.

Primary health care

55. The objectives of the health programme are to eliminate all immunizable diseases, iodize all salt consumed in the country and reduce morbidity and

mortality caused by diarrhoeal diseases, ARI and malaria. The programme is comprised of three components: MCH; support for the national health system; and training.

56. UNICEF will provide technical, logistical and financial support for activities in the areas of EPI, CDD, ARI, salt iodization and MCH. Priority will be given to supporting an advanced, stationary health post approach for EPI; promoting the integration of health services with EPI; and promoting the Baby-Friendly Hospital Initiative in health centres that are equipped to assist in deliveries. Social mobilization for health at all levels will be strengthened by capacity-building in communication skills and health education techniques. Support also will be provided for initiatives to improve monitoring capacity and promote inter-agency and intersectoral cooperation.

Basic education

57. The objectives of the basic education programme are to improve the performance of primary school children and to increase access to a better standard of teaching for pre-school and primary school children.

58. UNICEF will assist the Ministry of Education in the local production of relevant teaching materials for pre-schools and primary schools. Activities include the training of primary school teachers in health education, participatory radio instruction, physical education and handicraft skills; and advocating the integration of these activities into the school curriculum. Support will be provided to communities in initiatives for basic rehabilitation of pre-schools and primary schools. Advocacy will focus on the formulation of a new basic education law and a new school health programme which includes preventive interventions on sexually-transmitted diseases and HIV/AIDS. Lastly, in line with the Convention on the Rights of the Child, advocacy will address the needs of the girl child, disabled children and street children.

Integrated basic services

59. The objectives of the integrated basic services programme are to expand the network of basic services managed by the communities, particularly water supply and sanitation services; and the promotion of behaviour that is favourable to child health.

60. UNICEF will support the process of decentralization of decision-making, in line with Government policy, by assisting community mobilization activities in all four programmes. Other activities will include the local development of low-cost health education materials and the development of a community-based data collection system, using the sentinel surveillance approach. In order to achieve universal access to safe water and sanitation facilities, strong emphasis will be given to neglected geographical areas.

Programme support

61. Programme support is aimed at strengthening planning, implementation, management, monitoring and evaluation. Other objectives include the integration of human development priorities, especially women and children, into the planning and implementation of national development policies and implementation of the NPA.

62. Activities will include increasing efficiency at all levels in the planning, management, monitoring and evaluation of projects for women and children. Through advocacy and social mobilization, efforts will be made to prioritize the needs of women and children. This programme will be implemented with NGOs and other local organizations.

Monitoring and evaluation

63. The monitoring and evaluation of the programme of cooperation will be the responsibility of ministries, district authorities, beneficiaries and UNICEF. Frequent field visits will be undertaken to monitor closely project activities and to identify achievements and constraints. An annual review meeting of all programmes and projects will be held between the Government and UNICEF, with the participation of NGOs. The country strategy note for United Nations cooperation in Sao Tomé and Principe is expected to be finalized by 1996 prior to the adoption of the national development plan.

Coordination with other agencies

64. The programme of cooperation requires the cooperation of United Nations agencies, national and international NGOs and other partners providing technical assistance to various components of the programme where common objectives have been identified and to ensure the maximum use of limited resources. Close cooperation will be maintained with UNDP in the area-based programme, the World Health Organization (WHO) for AIDS prevention, the World Food Programme (WFP) to assist street children, and the United Nations Population Fund (UNFPA) for family life education, the World Bank in malaria control and the African Development Bank in school rehabilitation. In addition, the European Union will be rehabilitating the capital city water system, which is highly complementary to UNICEF-supported activities. All United Nations agencies are cooperating with the Government to prepare the country strategy note.

Programme management

65. Programme management will remain the responsibility of the Government through the Cooperation and Development Department of the Ministry of Foreign Affairs and Cooperation, which will be responsible for overall coordination. Coordination of activities within each sector will be the responsibility of the respective ministry. The Ministry of Health will be responsible for the PHC and integrated basic services programmes, while the Ministry of Education will be in charge of the basic education programme.

III. SOMALIA

Basic data (1993 unless otherwise stated)

Child population (millions, 0-15 years)	4.7
U5MR (per 1,000 live births)	211
IMR (per 1,000 live births)	125
Underweight (% moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1981)	1,100
Literacy (% male/female) (1990)	36/14
Primary school enrolment (% net, male/female) (1985)	11/6
Primary school children reaching grade 5 (%) (1985)	52
Access to safe water (%) (1988)	37
Access to health services (%) (1983)	27
GNP per capita (1992)	a/
One-year-olds fully immunized against:	
tuberculosis:	31 per cent
diphtheria/pertussis/tetanus:	18 per cent
measles:	30 per cent
poliomyelitis:	18 per cent
Pregnant women immunized against:	
tetanus:	5 per cent

a/ Estimated to be low-income ($675 or less).

The situation of children and women

66. The situation of children and women in Somalia is shaped by continuing civil war and turmoil. The absence of Government, law and order, and public funds to support basic services means that there is virtually sole reliance on indigenous voluntary efforts and external assistance for improving child survival, development and protection. Already, Somalia had depended on external assistance long before the start of civil war. United Nations and bilateral assistance during the last two years have been very substantial. After two years of a large United Nations presence for peace-keeping, the restoration of political order and justice and humanitarian assistance, the United Nations Operation in Somalia (UNOSOM) will have withdrawn by end-March 1995. The impact of this withdrawal, and the realities of the post-UNOSOM era, are largely unpredictable.

67. The stalemate in negotiations for peace among political factions in Somalia and the insecurity and banditry that have worsened with the prolonged absence of Government have created a massive human tragedy. Even when political reconciliation takes place, the creation of an effective, national administrative system will take a substantial amount of time. Hence, basic services for children and women will continue to be dependent on external assistance during the process of revitalizing local institutions and communities.

68. There is an absence of reliable statistical data on the situation of children and women. Therefore, a trend analysis is not possible with respect to goals for children.

69. Although national figures are not available, UNICEF estimates that MMR remains alarming; IMR and U5MR are still unacceptably high, and the nutritional situation of children and mothers, despite improvements through feeding programmes, remains precarious. The majority of Somalis are still deprived of safe water, a sanitary environment and access to basic education. The sustainability, let alone expansion, of basic services for children and women will depend on whether the structures for health, nutrition, education facilities and safe water continue to function. It is, therefore, important that more communities become able to support some services until local infrastructures can be rebuilt to sustain them.

Programme cooperation, 1994

70. UNICEF operated from five zonal offices with decentralized management, and cooperated closely with UNDP, WFP, WHO and the Food and Agriculture Organization of the United Nations, as well as with national and international NGOs such as Médicins sans frontières, Save the Children and Habitat International, among others. UNICEF also maintained close contact with bilateral organizations through regular briefings and sharing of monthly newsletters.

71. UNICEF assistance in health made it possible for some Somali children and women to have greater access to PHC. Against a target of 96 MCH centres, 119 centres are currently operating. To address the family health needs, UNICEF supported 74 out-patient units, 271 health posts and 19 hospitals. As of September 1993, child immunization coverage was 154,660 for anti-tuberculosis vaccine, 188,207 for combined diphtheria/pertussis/tetanus and oral polio vaccine and 97,934 for measles since the establishment of EPI in 1993. Tetanus toxoid vaccination covered 113,000 women of child-bearing age. UNICEF trained and equipped 550 CHWs and 192 traditional birth attendants, bringing the total number of health workers trained to 994.

72. For child and maternal nutrition, supplementary feeding was provided to 127,000 vulnerable children and women as of September 1994; 330,000 children received vitamin A supplementation. Iron supplementation was provided to 108,000 pregnant and lactating women.

73. Performance exceeded the 1994 targets in water supply, with the construction of 215 new wells and the rehabilitation of 8 large urban water systems, 12 bore holes and 380 shallow wells. These activities, and the regular chlorination of drinking water, benefited some 1.5 million Somalis throughout the country. UNICEF also provided assistance to control a widespread cholera epidemic in Somalia.

74. In basic education, UNICEF rehabilitated 44 schools. By September 1994, instructional materials had been provided to over 400 primary and Koranic schools against the year's target of 520. In addition, 1,389 primary and Koranic school teachers and heads of school were trained of a target of 1,400. These activities have benefited 120,000 children country-wide. To address the psycho-social needs of children and women traumatized by war, UNICEF trained 40 teachers, 10 Imams (religious leaders) and 35 health workers. In education, 3,188 women were trained in literacy and skills for income generation.

Lessons learned

75. Given the current and prospective situation in Somalia over the next year, the programme strategy and decentralized UNICEF operations through the existing five field sub-offices, will be maintained. UNICEF will continue to cooperate

with other United Nations agencies and NGOs to support communities in the 18 regions and 96 districts selected. In order to manage the field sub-offices in the absence of law, security or normal commerce, UNICEF needs to continue to operate its own life-support systems, including air operations, office and residential security arrangements, adequate and essential telecommunications networks and living quarters. This will require strengthening of the field sub-offices, two supply staging points and the UNICEF Somalia Support Centre in Nairobi.

76. UNICEF needs to continue to cooperate with international and local NGOs for project implementation. An important lesson learned is that properly selected local NGOs, and those related to women's needs, should be involved increasingly in building Somali technical management capacity. NGOs also can support women's roles in the peace-making and peace-keeping processes.

Recommended programme cooperation, 1996

Estimated annual expenditure

(In thousands of United States dollars)

	1996
General resources	
Health	650
Nutrition	100
Water supply and sanitation	450
Education	100
Air operations	500
Programme support	1 200
Subtotal	3 000
Supplementary funds	
Health	6 720
Nutrition	1 150
Water supply and sanitation	4 060
Education	2 070
Planning, monitoring and evaluation	500
Air operations	1 000
Programme support	7 500
Subtotal	23 000
Total	26 000

Programme objectives and strategy

77. The current situation in Somalia does not allow for the development of a long-term country programme. Hence, this one-year bridging programme is being proposed. The country situation will be monitored closely to assess the scope for UNICEF assistance for 1997 and onwards. In the absence of formal Government in most regions, very strong community commitments are essential to permit UNICEF to deliver assistance. UNICEF will work with communities that provide security for UNICEF staff and operations. These communities are more likely to sustain their own successes with basic services.

78. UNICEF will expand initiatives with each programme, while trying to consolidate and sustain achievements. Local capacity to maintain high recurrent costs for primary schools, feeding centres, MCH centres and health posts, which are normally government-funded, continues to be limited. Where possible, UNICEF will continue to support the organization of management boards and community committees in water supply, health and education to manage revenue collection systems and, where possible, initiate community financing schemes.

79. UNICEF will support the establishment of a core of basic services throughout Somalia. To do this, the 1996 programme will have three interrelated objectives. In relatively secure locations, community-based activities will be promoted for Koranic schools, primary education and safe water supply and environmental sanitation. Capacity-building and long-term sustainability will be major strategies. In locations where there are both stability and a functioning administration, UNICEF will promote the adoption of policies and budget allocations to promote the Convention on the Rights of the Child and the World Summit for Children goals. In communities where cohesion or security is low, UNICEF also will promote basic services such as immunization, ORT, safe drinking water, antenatal and post-natal care, and preventive and curative services for ARI and malaria.

80. Health units, particularly MCH centres, are critical for the delivery of basic survival services. Currently, existing centres are supported almost entirely by external assistance. Moreover, communities often give low priority to preventive health services such as immunization. To address this constraint, UNICEF will aim to integrate popular services, such as income-generating activities and water supply, with essential, less popular services such as MCH, so that more recurrent costs are borne by communities.

81. The demand for preventive services also will be increased by improving their quality and more effective public communication. As demonstrated by global experiences in PHC and community financing, these initiatives may require years to come to fruition. Therefore, while UNICEF will actively seek to develop community financing, it also will continue to support some recurrent costs. UNICEF will utilize supplementary funding for activities in health, education, water supply and sanitation, and programme support.

82. To respond effectively to rapidly changing situations, UNICEF will strengthen monitoring, operational research and the evaluation of programmes. There will be periodic, regionally-based monitoring of indicators, improved baseline data and more analysis of information to improve programme management. Operational research will cover important subjects such as performance of small loan funds, feasibility of cost-recovery and design of convergence of services.

83. Each year at least one sectoral and one regional programme will be evaluated to capture lessons that may not have been covered sufficiently by monitoring or operational research. This emphasis on research and evaluation will support the planning process for a 1997-2001 country programme which, if circumstances in the country permit, will require a comprehensive situation analysis. UNICEF will continue to conduct an annual review programme of assistance to analyse achievements and constraints as a basis for formulation of the subsequent year's programme.